

EXHIBIT 4

BEHIND THE NUMBERS

Medicare Unmasked

See Medicare’s payments to over one million medical providers from 2012 to 2015, and how doctors and other providers compare with peers in their state and nationwide.

EXPLORE THE DATA

Search doctors and other providers who received Medicare payments.

Physician or Provider

SHAMS JOSEPH

Last Name / Company

All specialties

Specialty / Facility Type

Location

Ex: Denver

City

All locations

State / Territory

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JOSEPH SHAMS M.D

Interventional Radiology

1 GUSTAVE L. LEVY PLACE BOX 1194 | NEW YORK, N.Y.

\$298,926

Total Medicare payments in 2012

2012

2013

2014

2015

Year	Total Payments	Number of Patients	Payments per Patient
2015	\$2,130,246	255	\$8,354

2014	\$212,838	240	\$887
2013	\$276,117	301	\$917
2012	\$298,926	371	\$806

Provider Comparison

NATIONALLY

STATEWIDE

How **JOSEPH SHAMS M.D** compares to **2,401** other providers in **New York** specializing in **Diagnostic Radiology**:

2012	Total Payments: \$298,926 86th percentile statewide	Number of Patients: 371 16th percentile statewide	Payments per Patient: \$806 99th percentile statewide
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Provider's Services at a Glance, 2012

Types of services provided by **JOSEPH SHAMS M.D**:

Category	Total reimbursed by Medicare	Percent of total reimbursements by Medicare
<i>Surgeries and procedures</i>	\$229,930	76.9%
<i>Imaging tests</i>	\$17,631	5.9%
<i>Evaluation and management</i>	\$5,554	1.9%
<i>Radiation oncology</i>	\$1,318	0.4%

Note: Category totals may not add up to a provider's total payments because information about a provider's specific services to fewer than 11 Medicare patients is suppressed by Medicare.

Provider's Services in Detail, 2012

Services **JOSEPH SHAMS M.D** performed on more than 10 patients:

Procedure	Number performed	Number of Medicare patients	Average Medicare reimbursement per procedure	Total Medicare payments for procedure ▼
<i>Balloon dilation of narrowed or blocked vein</i> <i>Surgeries and procedures</i> CODE: 35476-F	415 Top 20% nationally	121	\$223.94	\$92,935
<i>Insertion of needle or catheter for dialysis</i> <i>Surgeries and procedures</i> CODE: 36147-F	364 Top 20% nationally	138	\$102.66	\$37,368
<i>Balloon dilation of narrowed or blocked upper arm artery</i> <i>Surgeries and procedures</i> CODE: 35475-F	83 Top 20% nationally	53	\$443.74	\$36,830
<i>Insertion of catheter and device to stop blood flow or infusion to dissolve blood clot</i> <i>Surgeries and procedures</i> CODE: 37204-F	18 Top 60% nationally	12	\$808.19	\$14,547
<i>Insertion of stent into blood vessel</i> <i>Surgeries and procedures</i> CODE: 37205-F	38 Top 20% nationally	27	\$367.29	\$13,957
<i>Radiological supervision and interpretation of opening narrowed vein procedure</i> <i>Imaging tests</i> CODE: 75978-F	412 Top 20% nationally	121	\$22.66	\$9,336
<i>Insertion of catheter in vein and implanted device for infusion</i> <i>Surgeries and procedures</i> CODE: 36561-F	28 Top 20% nationally	28	\$322.43	\$9,028
<i>Catheter removal of blood clot from dialysis graft</i> <i>Surgeries and procedures</i> CODE: 36870-F	39 Top 20% nationally	31	\$173.38	\$6,762
<i>Insertion of catheter in vein for infusion</i> <i>Surgeries and procedures</i> CODE: 36558-F	21 Top 60% nationally	21	\$245.75	\$5,161

Procedure	Number performed	Number of Medicare patients	Average Medicare reimbursement per procedure	Total Medicare payments for procedure ▼
Insertion of needle or catheter into an artery-vein dialysis shunt or graft	91	66	\$43.83	\$3,989
Surgeries and procedures CODE: 36148-F	Top 20% nationally			

Showing 1 to 10 of 26 entries

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This project uses data made public by the Centers for Medicare and Medicaid Services. It shows the dollar amounts that doctors and other medical providers received in Medicare reimbursements by calendar year, along with other data including their specialties. Only procedures which providers performed on more than 10 Medicare patients were included in the data released. There is some information CMS hasn't provided. The data doesn't include information on patients nor does it show doctors' billings related to durable medical equipment.

The Wall Street Journal won a Pulitzer Prize in 2015 for its Medicare coverage. An earlier version of this graphic (<https://graphics.wsj.com/medicare-billing-2015/>) was part of the winning submission

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2012	2013	2014	2015
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Provider's Services in Detail, 2012Services **JOSEPH SHAMS M.D** performed on more than 10 patients:

Procedure	Number performed	Number of Medicare patients	Average Medicare reimbursement per procedure	Total Medicare payments for procedure ▼
<i>Established patient office or other outpatient, visit typically 25 minutes</i> Evaluation and management CODE: 99214-O	41 Bottom 40% nationally	25	\$86.50	\$3,547
<i>Insertion of stomach tube using fluoroscopic guidance</i> Surgeries and procedures CODE: 49440-F	11 Bottom 20% nationally	11	\$201.41	\$2,216
<i>Insertion of catheter in vein for infusion</i> Surgeries and procedures CODE: 36569-F	26 Top 60% nationally	25	\$81.60	\$2,122
<i>New patient office or other outpatient visit, typically 45 minutes</i> Evaluation and management CODE: 99204-O	14 Bottom 20% nationally	14	\$143.42	\$2,008
<i>Radiological supervision and interpretation of opening narrowed groin or leg artery procedure</i> Imaging tests CODE: 75962-F	84 Top 20% nationally	54	\$22.46	\$1,887
<i>Replacement of central venous catheter for infusion</i> Surgeries and procedures CODE: 36581-F	15 Top 60% nationally	15	\$122.80	\$1,842
<i>Drainage of fluid from abdominal cavity using imaging guidance</i> Surgeries and procedures CODE: 49083-F	18 Bottom 40% nationally	13	\$95.07	\$1,711
<i>Removal of central venous catheter for infusion</i> Surgeries and procedures CODE: 36589-F	12 Bottom 20% nationally	12	\$121.85	\$1,462
<i>Imaging of artery of abdomen</i> Imaging tests CODE: 75726-F	28 Top 60% nationally	12	\$49.08	\$1,374

Procedure	Number performed	Number of Medicare patients	Average Medicare reimbursement per procedure	Total Medicare payments for procedure ▼
<i>Radiological supervision and interpretation of placement of vascular stent procedure</i>	38	26	\$34.94	\$1,328
<i>Imaging tests</i>	Top 20% nationally			
CODE: 75960-F				

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billing@btfinc.com

	2012	2013	2014	2015
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Provider's Services in Detail, 2012Services **JOSEPH SHAMS M.D.** performed on more than 10 patients:

Procedure	Number performed	Number of Medicare patients	Average Medicare reimbursement per procedure	Total Medicare payments for procedure ▼
Fluoroscopic guidance for insertion of device into vein Radiation oncology CODE: 77001-F	80 Top 40% nationally	77	\$16.47	\$1,318
Radiological supervision and interpretation of removal of clot procedure Imaging tests CODE: 75894-F	18 Top 60% nationally	12	\$58.66	\$1,056
Ultrasound guidance for accessing into blood vessel Imaging tests CODE: 76937-F	75 Top 40% nationally	73	\$13.21	\$991
Radiological supervision and interpretation of placement of catheter with drainage procedure Imaging tests CODE: 75989-F	18 Top 60% nationally	16	\$50.38	\$907
Imaging of urinary tract Imaging tests CODE: 74425-F	26 Top 40% nationally	12	\$15.59	\$405
Ultrasonic guidance imaging supervision and interpretation for insertion of needle Imaging tests CODE: 76942-F	12 Bottom 20% nationally	12	\$28.98	\$348

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